EXHIBIT
2

Clinician Encounter
INITIAL PROBLEM VISIT

Concentra® treated right

Patient Name: GALLEGOS, GEORGE SR	**DOB:** 05/13/1966	**SSN:** 565-51-4222
Patient ID#: 100-513-682	**Onset of Illness/Injury:** HURT ARM	**Visit Date:** 02/21/2014

MEDICAL HISTORY

CHIEF COMPLAINT(S): (R) arm injury 2° police altercation pain 10/10
Injured today @ 11:5 AM. he reports interaction c police (R) arm twisted behind back & placed in cuffs. Reports

PI: (duration, onset, aggravating & relieving factors, quality, severity, location, radiation, previous episodes, etc.)

popping (R) anterior shoulder as arm turned to back. C/O pain to lateral (R) neck, ant/post shoulder, lateral chest wall, entire (R) arm. Feels numb in (R) shoulder & upper arm ↓ pain, pain c

ROS:	Normal	(√ if abnormal)
General	☐	☐ fever ☐ chills ☐ night sweats ☐ tiredness ☐ weight change ☐ appetite change
Head/Face	☐	☐ sinus pain ☐ sinus drainage ☐ headache ☐ facial pain
Ears	☐	☐ earache ☐ ear discharge ☐ decreased hearing ☐ tinnitus
Eyes	☐	☐ eye pain ☐ red eye ☐ blurred vision ☐ double vision ☐ eye discharge
Oral cavity	☐	☐ sore throat ☐ swallowing difficulty ☐ toothache ☐ gum swelling ☐ hoarseness
Skin	☐	☐ rash ☐ itching ☐ bites ☐ sores ☐ redness
Cardiovascular	☐	☐ chest pain ☐ palpitation ☐ edema
Respiratory	☐	☐ cough ☐ breathlessness ☐ wheezing ☐ sputum ☐ bloody sputum
Abdomen	☐	☐ pain ☐ nausea ☐ vomiting ☐ bloody vomiting ☐ diarrhea ☐ bloody or dark stools
Bones/Joints	☐	☒ joint pain ☒ joint swelling ☐ redness ☒ limited movement
CNS	☐	☐ headache ☐ weakness ☐ numbness ☐ tingling ☐ poor balance or coordination
Genitourinary	☐	☐ frequency ☐ urgency ☐ burning ☐ bloody urine ☐ discharge ☐ irregular periods
Psych	☐	☐ mood ☐ interest ☐ concentration ☐ sleep problems ☐ suicidal ideation ☐ anxiety

Explain (if abnormal): neck motion (R) rotation → radiation to scapular region (R).

Occupation: disabled 2° TBI

Allergies: ☒ none

Past Medical: ☐ none ☐ significant Reports (R) RC pain for 2 wks prior to today history of trauma prior to today

Past Surgical: ☐ none ☐ significant

Family History: ☐ none ☐ significant

Medications: ☐ none ☐ OTC ☒ Rx HTN med / Valium 10mg for sleep

Habits: ☐ none ☐ smoking ____ cig/day ____ yrs ☐ snuff ☐ exercise – 30 min 5+ days ☐ alcohol ____ drinks/day ☐ others ____ ☐ diet – 5+ fruit/veg per day

Immunizations: ☐ none ☐ not UTD

DATE: 2/21 TIME: 5:30
Reported to:
Reported by:
☐ PHONE ☐ MAIL ☐ FAX ☐ Given to pt
Confirmation rec'd: ☐ YES ☐ NO

Demott
Provider Name (Please Print):

[signature]
Provider Signature:

02/21/2014
Visit Date:

Patient Name: GALLEGOS, GEORGE SR

DOB: 05/13/1966

Temp: 97.4 F °C Pulse: 81 /min BP: 184/113 mm Hg Resp: ____ / min
Ht: 68 in Wt: 135 lbs O2 sat ____ % Vision: R ____ L ____ LMP: ____
Time of Vitals ____ RN/MA Initial ____

BMI: ____
WC: ____ NC: ____

Physical Examination

	Normal	Abnormal
Appearance	☐ no acute distress	☐ mod distress 2° pain
	☐ alert & oriented x 3	☐ ecchymosis medial Ⓛ elbow no swelling
HEENT	☐ atraumatic, normocephalic	☐ no erythema throughout skin intact.
	☐ external auditory canal & TM's	☐ exaggerated response to palpation
	☐ nose & paranasal sinuses	☐ tender to palpation Ⓛ paraspinals cervical,
	☐ lips, teeth & gums	☐ trapezius, deltoids to shoulder upper
	☐ tonsils & pharynx	☐ arm wrist elbow hand forearm.
	☐ eye lids & conjunctivae	☐ ↓ hand grip Ⓛ c̄ pain
	☐ pupils (perrl), eoml ☐ fundoscopic	☐ sensation intact - reports sensation of
Neck	☐ supple	☐ being stuck with needles to soft touch
	☐ lymph nodes	☐ ↓ elbow flexion @ 120° c̄ pain
	☐ thyroid	☐ ↓ elbow extension @ minus 15° c̄ pain
Cardiovascular	☐ regular rate & rhythm	☐ pain c̄ axial compression neck.
	☐ carotids & abdominal aorta	☐ ↓ ROM rot Ⓛ + extension c̄ pain
	☐ peripheral pulses	☐ ↓ ROM shoulder all planes c̄ pain
Respiratory	☐ symmetric chest movements	☐ Referred to special tests.
	☐ clear to auscultation bilaterally	☐
Abdomen	☐ soft, non tender, + bowel sounds	☐
	☐ no organomegaly	☐
	☐ costovertebral angle	☐
	☐ rectal *(if indicated)*	☐
Genitalia	☐ hernia	☐
	☐ male	☐
	☐ female *(external)* ☐ pelvic	☐
Neurological	☐ cranial nerves (II – XII)	☐
	☐ strength ☐ sensation	☐
	☐ reflexes ☐ gait	☐
Muskuloskeletal	☐ spine	☐
	☐ bones & joints	☐
Extremities	☐ FROM ☐ no CC or E	☐
Breast	☐ chest wall	☐
	☐ breast & axillae	☐
Skin	☐ intact ☐ no rash or lesions	☐
Psych	☐ affect & thought process	☐

Office Lab / Radiology / Tests

☒ X-ray
Type Ⓛ shoulder Ⓛ
Type Ⓛ humerus Ⓛ
Type Ⓛ elbow Ⓛ

Prelim Interpretation
Ⓛ forearm Ⓛ
Ⓛ wrist Ⓛ

☐ Lab	Result		Result
☐ Rapid Strep		☐ Blood Sugar	
☐ HCG		☐ Guaiac	
☐ Influenza A&B		☐ Rapid HIV	
☐ Mono		☐ Other	
☐ UA			

Test — Interpretation
☐ Audio
☐ EKG
☐ PFT
☐ Peak Flo ____ Repeat #2 ____ Repeat #3 ____

Provider Name (Please Print): DeHoff
Provider Signature: [signature]
Visit Date: 02/21/2014

Patient Discharge Instructions

Concentra® treated right

Patient: GALLEGOS, GEORGE SR

MRN #: 100-513-682

Date: 02/21/2014

INSTRUCTION SHEET(S) TO BE PROVIDED:

☐ Angina	☐ Conjunctivitis	☐ Head Injury	☐ Pharyngitis
☐ Animal bites	☐ Contact Dermatitis	☐ Herpes Zoster	☐ Pneumonia
☐ Asthma	☐ Dehydration	☐ Hemorrhoids	☐ Poison Ivy
☐ Back Pain/Muscle Strain	☐ Diarrhea	☐ Hives	☐ R.I.C.E. Treatment
☐ Bronchitis	☐ Foreign Body in Eye	☐ Influenza	☐ Sinusitis
☐ Burns	☐ Fracture(s)	☐ Mononucleosis, infectious	☒ Sprain/Strain
☐ Bursitis	☐ Gastroenteritis	☐ Osteoarthritis	☐ Strep Throat
☐ Cellulitis	☐ GERD	☐ Otitis Media	☐ U. T. I.
☐ Common cold	☐ Gout	☐ Otitis Externa	☐ Other _____

WOUND CARE INSTRUCTIONS:

Good wound care will help prevent infection and promote healing. Elevation of the injured area should help to decrease pain and swelling. Please follow the checked instructions regarding wound care:

- ☐ Keep wound clean and dry
- ☐ No ointment necessary
- ☐ Change dressing ___ times per day.
- ☐ Soak in warm water ___ times per day.
- ☐ Apply ointment _____times a day.
- ☐ Keep dressing in place.
- ☐ Keep wound open to air.
- ☐ Return in ___ days for wound check and/or suture removal.

Particularly pay attention to the following signs of infection: Increased pain, redness, swelling, red streaks, purulent drainage, foul odor or fever. Be careful not to impair circulation when redressing wounds (do not bandage too tightly)!

FOLLOW UP INSTRUCTIONS:

- ☐ Return to the clinic if problem(s) or condition(s) worsen
- ☐ Return to clinic in _____ days or sooner if condition worsens.
- ☐ Please contact Dr. _____ office for follow up visit, to be seen in _____ days
- ☐ Return to clinic if you are no better in _____ days
- ☐ Take medications exactly as directed
- ☐ Please contact the clinic if you have any questions and/or concerns

ADDITIONAL DISCHARGE INSTRUCTIONS (INCLUDING WORK/ACTIVITY RESTRICTIONS):

- Ibuprofen 800 mg - 3x daily, Tylenol 1 tab 3x daily as needed
- Ice x 48° then soak in warm water & Epsom Salts as discussed
- follow up with primary MD and Physical therapy

EXAMINED BY:

Provider Signature	Patient Signature